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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/616,977-Conf. #7345
		Filing Date	July 14, 2000
		First Named Inventor	Aviad Zlotnick
		Examiner Name	K. R. Stork
		Art Unit	2178
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$)	
TOTAL AMOUNT OF PAYMENT (\$)		620.00	
		Attorney Docket No. 06727/000H417-US0	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

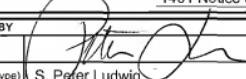
FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		Fee Description		Small Entity Fee (\$)	
Each claim over 20 (including Reissues)				50 25	
Each independent claim over 3 (including Reissues)				200 100	
Multiple dependent claims				360 180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
33	- = 0	x _____	= 50.000	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
6	- = 0	x _____	= 200.00		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE		If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	/50	(round up to a whole number) x _____	=		

4. OTHER FEE(S)		Fee Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)		120.00			
Other (e.g., late filing surcharge): 1251 Extension for response within first month		500.00			
1401 Notice of appeal					

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 25,351 Telephone (212) 527-7770
Name (Print/Type)	S. Peter Ludwig Date May 1, 2007		